

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>1/12/05</u>		2 Serial/Patent # <u>09/869,351</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time <u>1253</u>			\$ <u>1020.</u>							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ <u>1020.</u>							
10 REASON:		8 TO BE REFUNDED BY:									
	Overpayment	<input type="checkbox"/> Treasury Check									
	Duplicate Payment	<input checked="" type="checkbox"/> Credit Deposit A/C #:									
		9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">5</td> <td style="width: 20px;">0</td> <td style="width: 20px;">--</td> <td style="width: 20px;">1</td> <td style="width: 20px;">6</td> <td style="width: 20px;">9</td> <td style="width: 20px;">8</td> </tr> </table>			5	0	--	1	6	9	8
5	0	--	1	6	9	8					
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
<u>Extension of Time period is over, no extension fee is due.</u>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Irin Dingle</u>		TITLE: <u>PAR/CAH</u>									
SIGNATURE: <u>[Signature]</u>		PHONE: <u>(571) 272-3210</u>									
OFFICE: <u>Revisions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>		DATE: <u>1/13/05</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B